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| **APPLICATION FORM** | | | | | |
| **DR. MICHAEL R FREEMAN INNOVATION AWARD COMPETITION** | | | | | |
| **CONTENTS OF A COMPLETE APPLICATION**  Submit an electronic application in PDF format to [hsrl.centre@utoronto.ca](mailto:hsrl.centre@utoronto.ca). The complete application consists of:   1. **Application Form** - Items 1 through 21 completed. 2. **Enclosures**- (Ancillary information to be included with the application):    * 1. Applicants (principal and co-applicants) biosketch/CV – maximum 4 pages including relevant appointments, academic activities, patents, publications, other funding – please see [NIH Biosketch for format](https://grants.nih.gov/grants/forms/biosketch.htm)      2. Certification requirements/approvals for ethical considerations- If the research involved human subjects, animals, or biohazardous material the principal applicant must obtain authorization from his/her institution’s Research Ethics Board and/or Animal Care Committee and/or Biosafety Committee      3. Equipment Quotations - If purchasing equipment, attach cost quotations and or service contracts for equipment up to $10,000 | | | |
| **APPLICATION SUBMISSION**    Applications must be received by **May 15, 2019**  Applications should be addressed to:  Liz Thuo, Business and Communications Manager  Heart and Stroke / Richard Lewar Centre of Excellence  6 Queens Park Crescent West  Room 202  Toronto, ON M5S 3H2  [hsrl.centre@utoronto.ca](mailto:hsrl.centre@utoronto.ca)  LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED | | | | | |
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| 1. **Principal Applicant**   Name:  Position:  Institution:  Mailing Address:  E-Mail:  Phone: | | | | | | | |
| 1. **Co-Applicants (Name, Position and Institution)**: | | | | | | | |
| 1. **List of Collaborators (Name, Position and Institution)**: | | | | | | | |
| 1. **Primary Location Where Innovation will be Conducted/Housed**: | | | | | | | |
| 1. **Total Budget Requested**: | | | | | | | |
| 1. **Title of Innovation:** | | | | | | | |
| 1. **Summary of Innovation:**   ***Products such as mitral clip, renal denervation catheter, mapping method; or***  ***Process innovation, smart phone app, IT, quality improvement – involves IT, privacy issues***  ***Please use lay language (100 words)*** | | | | | | | |
| 1. **Certification Requirements**: Assurance is given that any human experimentation will be acceptable to the institution on ethical grounds and that in the case of laboratory animals for animal experimentation, the guiding principles enunciated by the Canadian Council on Animal Care will be adhered to and that the proposed research will not be undertaken until it has been accepted as meeting the requirements regarding biological and chemical hazards as outlined in the Health Canada "Laboratory Biosafety Guidelines".   Funds will not be released to successful applicants until the necessary approvals have been obtained. | | | | | | | | |
| Human Subjects: | | Approvals Attached □ | | Approvals Pending □ | | Approvals Not Applicable □ | | |
| Animals: | | Approvals Attached □ | | Approvals Pending □ | | Approvals Not Applicable □ | | |
| Biohazards: | | Approvals Attached □ | | Approvals Pending □ | | Approvals Not Applicable □ | | |
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| 1. **Name of Institution and Financial officer who will be administering the funds**.  (The grant is to be administered by the institution where the research will be conducted.) | | | | | | | | |
| Name of Institution |  | | Name of Financial Officer | |  | | | |
| Phone number and email of Financial Officer |  | | | | | | | |
| Address of Institution |  | | | | | | | |
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| 1. **Signatures** (Signing this application form constitutes an agreement of the terms and conditions set out in the Dr. Michael R. Freeman Innovation Competition Request for Applications document. The Principal Applicant certifies that the information provided in this application is true and complete.) | | | | | | | | |
| **Principal Applicant** | | | | **Research Institute Director** | | | | |
| Name: | | | | Name and Title: | | | | |
| Signature: | | | | Signature: | | | | |
| Date: | | | | Date: | | | | |

***Please allow 3 pages total of text (for items 10 to 17) plus 1 page of figures. Use 12-point font.***

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| 1. **Background**: ***Clinical need – clearly identified cardiovascular disease target*** |
| 1. **Detailed Description of Innovation** ***(You may include up to 1 page of figures as an attachment)*** |
| 1. **Novelty of Innovation**: ***Put into context of current literature & differences from current options in patient care*** |
| 1. **Commercialization Strategy:** ***(i.e. how do you hope to move the idea toward commercial implementation) These details should include intellectual property strategy (patents already submitted or in planning), regulatory pathway (where does the technology fit in with regulatory bodies), market size, current and potential commercialization partners, and the next steps after completion of this project.*** |
| 1. **Metrics for Success: *What is the desired outcome and how will it be measured? What can be achieved in one year? Project Timelines?*** |
| 1. **Collaboration: *Projects must be collaborative and must include co-applicants from at least two of the participating institutions (SickKids, SHS, SBHSC, SMH, UHN, WCH and UofT). Preference may be given to multidisciplinary projects that span more institutions and should demonstrate added value leveraging local strengths.*** |
| 1. **Conflicts of Interest: *Please identify potential conflicts of interest*** |
| 1. **Applicants Background: *(attach separately Biosketch/CV of the principal applicant and co-applicants – maximum 4 pages each including relevant appointments, academic activities, patents, publications, other funding – please see*** [***NIH Biosketch for format***](https://grants.nih.gov/grants/forms/biosketch.htm)***):*** |

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| 1. **BUDGET (up to a maximum of $150,000)**  * All supplies and services relating to the innovation project are considered eligible * Funds for trainee support (i.e. postdoctoral and graduate) are considered eligible * Purchases of equipment up to $10,000 are eligible if clearly justified in the budget * Funds for conferences, travel or investigator salaries are NOT considered eligible | | | | |
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| Position (Specify name) | Salary | Benefits | Total | |
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|  |  |  |  | |
|  |  |  |  | |
|  |  | Total Personnel | $ | |
|  |  |  |  | |
| Materials/Supplies |  | |  | |
| Expendables |  | |  | |
| Services |  | |  | |
| Other |  | |  | |
|  |  | Total Supplies and Services | $ | |
|  |  |  |  | |
| Equipment (Up to $10,000) |  | |  | |
|  |  | |  | |
|  |  | |  | |
|  |  | Total Equipment | $ | |
|  |  |  |  | |
|  |  | **Total Request** | $ | |
| 1. **BUDGET JUSTIFICATION:**  * ***Justify each item (Personnel, Materials/Supplies, Expendables, Services, Other and Equipment). If requesting funds for equipment of up to $10,000, attach cost quotations***. * ***Include details on funding overlap for principal investigator or any co-applicants with grants currently held or applied for and on any related support currently held or applied for from other funding sources and to what extent, if any, such support overlaps with this application.*** | | | |
| 1. **FUNDING ALLOCATION:**   ***Funding under this program is structured as follows: Individual institutions (SickKids, SHS, SBHSC, SMH, UHN, WCH and UofT) are each contributing up to $35,000 for work related to a proposed project being done by researchers at that institution. These funds must be expended "locally" at the institution in order to be utilized in the funding of the project- i.e. supporting salaries of employees at that site and/or supporting work at that site. The HSRLCE is providing funding in the ratio of 1:3 (HSRLCE:local sites) to the total contributions from individual sites. There are no restrictions on where the HSRLCE funds are expended.  With this clarification in mind, please identify how the proposed budget for the project is divided into site-specific expenditures (i.e. indicate how much will be spent in association with each site and what will be covered)***. | | | |